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| To: | USPTO | From: | Douglas E. Winters |
| Fax: | 703-872-9306 | Phone: | (717) 396-5842 |
| Date: | 7/8/2005 | Fax: | (717) 396-6121 |
| Re: | Power of Attorney | Pages: | 10 (including cover sheet) |

• Comments:

Attached are 9 Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address forms correcting information supplied to you regarding our customer Number Upload Spreadsheet.

Please note that these are for 9 different patent applications.

Do not hesitate to contact me with any questions.

IF YOU HAVE A PROBLEM WITH THIS TRANSMISSION, PLEASE CALL 717/396-5842

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PTO/SB/02 (09-04)

Approved for use through 11/30/2005. OMB 0651-0036
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND CHANGE
OF CORRESPONDENCE ADDRESS

| | |
|------------------------|------------------------|
| Application Number | 10/033,625 |
| Filing Date | December 27, 2001 |
| First Named Inventor | Belmares et al. |
| Art Unit | 1711 |
| Examiner Name | Woodward, Ana Lucretia |
| Attorney Docket Number | 0116 |

I hereby revoke all previous powers of attorney given in the above-identified application:

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number: 00112 Please change the correspondence address for the above-identified application to: The address associated with Customer Number:00112

OR

| | | | |
|--|-------|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | |
| Address | | | |
| City | State | ZIP | |
| Country | | | |
| Telephone | Fax | | |

I am the:

 Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--------------|
| Signature |  | | |
| Name | Douglas E. Winters | | |
| Date | July 8, 2005 | Telephone | 717-396-4070 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.